U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amenced. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1, File Number U - 13061	2. Fiscal Year Covered From:		
	1 / 1 / 2005 Through: 12 / 31 / 2005		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Joseph Ramaglia	Name I.U.F.A.T. District Council No. 9 AFL-CIO		
	Labor Organization File Number 006-770		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 18 Booth Drive	Street 45 West :4th Street		
City Campbell Hall	City New York		
State New York ZIP Code + 4 10916	State New York ZIP Code + 4 10011-7419		
5. Position in labor organization.  President			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street			
City	\$ 0		
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty o submitted in this report (including the information contained in any accompanuate undersigned's knowledge and belief, true-gorrect, and complete. (See the signature)	ying documents), has been examined by the signatory and is, to the best of the		
Signed / 2	On (212) 255-2950  Date Telephone Number		

Form LM-30 (2003)

Name of Person Filing Joseph Ramaglia	File Number U-	13061		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name Union Labor Life Insurance Company  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 451 Park Avenue South  City New York  State New York  ZIP Code + 4 10016  10. If 9.b. or 9.c. is checked give trust or employer's marne.  Name Structural Steel & Bridge Painters of NY  Trade Name, if any:	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer  11.a. Nature of such dealing.  Amounts paid to insurance carrinsurance benefits for the cal	rier providing health Lendar year 2005.		
P.O. Box, Bldg., Room No., if any  Street 40 West 27th Street  City New York  State New York  ZIP Code + 4 10001	11.b. Approximate doller value of such dealing 12.a. Nature of interest held or income rece Meeting with insurance compandiscuss claim issues and reso	ived. y representative to		
	12.b. Amount.	\$105		
C. Received from any employer (other than an employer covered une or from any labor relations consultant to an employer any payment of mone	der parts A and B above) by or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Ccde + 4	None.			
13.b. Is the Business an Employer or Consultant?		\$0		

Name of Person Filing Joseph	Ramaglia	File Number U- 13061	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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Name Union Labor Life Insurance Company	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 451 Park Avenue South	c. Employer	
City New York		
State New York ZIP Code + 4 10016		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Structural Steel & Bridge Painters of NY	Amounts paid to insurance carrier prinsurance benefits for the calendar	providing health year 2005.
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 40 West 27th Street		
City New York		
State New York ZIP Code + 4 10001	11.b. Approximate dollar value of such dealing.	\$8,410,592
	12.a. Nature of interest held or income received.	
	Meeting with insurance company repudiscuss claim issues and resolution	resentative to
	No.	
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	TOTAL COMMINS	
	12.b. Amount.	\$4

Name of Person Filing Joseph Ramaglia	File Number U- 13061

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Street 451 Park Avenue South	c. Employer	
City New York		
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Trade Name, if any:		
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City New York		
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Trade Name, if any:	lanna d	
P.O. Box, Bidg., Room No , if any	b. Trust	
Sirest 451. Park Avenue South	c. Employer	
City New York		
State New York ZIP Code + 4 10016		
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Trade Name, if any:		on the state of th
P.O. Box, Bldg., Room No., if any		Magazina de de constitución de la constitución de l
Street 40 West 27th Street		Transition temperature of the second
City New York		
State New York ZIP Code + 4 10001	11.b. Approximate dollar value of such dealing.	\$8,410,592
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	Meeting with insurance company rep discuss claim issues and resolution	resentative to ns.
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	12.b. Amount.	\$100

Form LM-30 (2003)

Name of Person Filing Joseph Ramaglia	File Number U- 13061	

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Trade Name, if any:	browned by Tanada	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 451 Park Avenue South	c. Employer	
City New York		
State New York ZIP Code + 4 10016		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	And the second of the second o
Name Structural Steel & Bridge Painters of NY	Amounts paid to insurance carrier properties for the calendar	providing health year 2005.
Trade Name, if any:		helppy (mark in the
P.O. Box, Bldg., Room No., if any		ol major <b>quiji tres</b>
Street 40 West 27th Street	The state of the s	Manuscry (Processor)
City New York		
State New York ZIP Code + 4 10001	11.b. Approximate dollar value of such dealing.	\$8,410,592
	12.a. Nature of interest held or income received.	entre de la company de la comp
	Meeting with insurance company rep discuss claim issues and resolution	resentative to
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	12.b. Amount.	\$58

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City New York		
State New York ZIP Code + 4 10016		
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State New York ZIP Code + 4 10001	11.b. Approximate dollar value of such dealing.	\$8,410,592
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	Meeting with insurance company reprint discuss claim issues and resolution	resentative to is.
	12.b. Amount.	\$17